

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER No on Prop 5, Sponsored by Educators, Public Safety, Health Care and Local Government Organizations			Date of This Filing <u>10/12/2018</u>	Date Stamp Page 1 of 3	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (916)442-2952	I.D. NUMBER (if applicable) 1407354	Report No. <u>27413</u>			
STREET ADDRESS					
CITY Sacramento	STATE CA	ZIP CODE 95814			
Amendment to Report No. <u>001</u> <small>(explain below)</small>			No. of Pages <u>3</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/29/2018	California Democratic Party Sacramento, CA 95811 ID# 741666 Memo Reference: NON:S497:15	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$483.81
10/03/2018	California Democratic Party Sacramento, CA 95811 ID# 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,832.33
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

Update contributions received

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AREA CODE/PHONE NUMBER (916)442-2952	I.D. NUMBER (if applicable) 1407354		Report No. 27413		
STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 3		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:
Update contributions received

Memo Reference: NON:S497:15
Does not aggregate to \$1000 until 10/3/18